

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014141

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

249

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON1. PLACE OF DEATH
a. COUNTY **Boone**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Columbia**Length of stay in lb
10 hrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Univ. of Missouri Med. Cen.**Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Macon**c. CITY
OR TOWN **Macon**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS **118 1/2 N. Rollins** (If outside, give location)Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First **ESSIE** Middle **OWEN** Last **owen**4. DATE OF DEATH
Month **5** Day **2** Year **62**

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-2-1898

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months **63** Days **63**

IF UNDER 24 HR

Hours **63** Min. **63**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laundry

10b. KIND OF BUSINESS OR INDUSTRY

Laundry

11. BIRTHPLACE (City and state or country)

Darksville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John L. Lumb

13b. MOTHER'S MAIDEN NAME

Ella Hodkin

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Address **Mrs. Nettie Garrett, Colorado Springs**18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral edema + contusion

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Intra Cerebral + subdural hematoma

DUE TO (c)

Fall from stool

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Skull fracture occipital

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
fell from stool - hit occiput20c. TIME OF INJURY
Hour **1:00** p.m.Month, Day, Year
5-1-6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Tavern20f. CITY, TOWN, OR LOCATION
MaconCOUNTY
MaconSTATE
Mo21. I attended the deceased from **5-2-62** to **5-2-62** and last saw her alive on **5-2-62**Death occurred at **11:15** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

H. Peter Ekum, M.D.

(Degree or title)

22b. ADDRESS

Univ. Hosp. Columbia, Mo.

22c. DATE SIGNED

5-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-5-1962

23c. NAME OF CEMETERY OR CREMATORY

Chapel Hill Cemetery

23d. LOCATION (City, town, or county)

Macon, Missouri

(State)

24. FUNERAL DIRECTOR

Parker Funeral Service, Columbia, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

May 4, 1962 Mrs. R.E. Palmer

26. REGISTRAR'S SIGNATURE

MAY 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George B. Kerby

Licensed Embalmer No. 4757

P. O. Address Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.